## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date:  | 08-11-2014   | Street:  | 1013 W. Commerce Drive                 |  |
|--|--------------|--|--|--|
| Incident #:  | 14ISPC006762 | Apt, Lot, Room #:  |  |  |
| County:  | Adams        | City:  | Decatur                                |  |
| Type of Laboratory Seizure (check one)   |              | Seizure Locatio  | eizure Location (check all that apply) |  |
| <ul><li>☑ Lab Seizure</li><li>☐ Chemical Seizure</li><li>☐ Equipment Seizure</li><li>☐ Dumpsite Seizure</li></ul>  |              | Residence Outbuilding Vehicle Other:   | Business                               |  |
| Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown  |              |  |  |  |
| Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)   |              |  |  |  |
| <ul> <li>☑ One Pot or Birch Reaction(s): outside</li> <li>☐ Red Phosphorous/Iodine Reaction(s):</li> <li>☑ Hydrochloric Acid Gas Generator(s): outside</li> <li>☐ Flammable Solvents:</li> <li>☐ Water Reactive Metal (Lithium):</li> <li>Child under age 18 discovered (check appropriate)</li> </ul> |              | Anhydrous Ammonia: Corrosive Acid: outside Corrosive Base: Ammonium Nitrate/Sulfate: Other (item and location):          |  |  |
|  |              | I ivina con  | ditions of homes  aloon  discourse     |  |
| ☐ Yes 1 (number present) ☐ No ☐ Children not present but evidence they reside or visit often   |              | Living conditions of home: clean disarray unclean time manufacturing had been occurring: 1 month Additional Information: |  |  |
| Vehicle, Travel Trailer, RV or Watercraft Information:   |              |  |  |  |
| Owner:<br>VIN:<br>Year:  |              | Make:<br>Model:<br>Color:  |  |  |
| This report has been faxed* or emailed to the following agencies that serve the location:  |              |  |  |  |
|  |              |  | Fax: 317-234-7595 or 317-234-7596      |  |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: Michael Swallow Phone (260)432-8661  |              |  |  |  |
| *This form is to be found to the Fire Deportment, Health Deportment and/or Deportment of Child Services listed within 24 hours of  |              |  |  |  |

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.